



# COOPERATIVE AGREEMENT INTERACTIVE TV

Department of Career and Technical Education  
SFN 7287 (10/03)

State Capitol 15<sup>th</sup> Floor  
600 East Boulevard Ave Dept 270  
Bismarck ND 58505-0610  
Phone 701-328-3180  
Fax 701-328-1255

Transmitting School					July 1, _____ to June 30, _____		
Receiving School							
CTE Programs	Line Charge Per Semester	Number of Semesters	Number Enrolled	Student Tuition Per Semester	State Use		
					Total Cost	Rate	CTE Reimbursement

The signature assures that the applying agency does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.

Signature of authorized official of applicant organization verifies that the applicant has the necessary legal authority to apply for and to receive funding for the proposed activity.

The information provided accurately describes the proposed cooperative arrangement and is agreed to by both school districts.

Administrator of Transmitting School	Signature	Date
Administrator of Receiving School	Signature	Date

STATE USE		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred Action	Signature of CTE Administrator	Date

## CLAIM FOR REIMBURSEMENT FOR RECEIVING SCHOOL

CTE Programs	Line Charge Per Semester	Number of Semesters	Number Enrolled	Student Tuition Per Semester	State Use		
					Total Cost	Rate	CTE Reimbursement
<b>TOTAL</b>							

I certify that the information is factual, complete and can be substantiated.

Signature of Receiving School Administrator	Date	CTE Approval	Date
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Retain a copy for your records.